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Z	INKTHIS IS A PERMANENT CORD	ully supplied ACE should be stated EXACTLY, PHYSI- plain terms so that it may be properly classified. Exact
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PLACE OF DEATH	STATE OF MARYLAND
County Cotaline	CERTIFICATE OF DEATH
Village or City Kills Const (No.	Registration Dist. No. 5
2FULL NAME Click Prose	lebrice Blasser number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Reusel While Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH  (Year)  (Year)
6 DATE OF BIRTH  (Day) (Year)	that I last saw her alive on 200 5
7 AGE (Month) (Day) (Year)  1 day h	and that death occured on the date stated boove, at
a OCCUPATION (a) Trade, profession or particular kind of work	arteis Sclerosie
(b) General nature of industry business, or establishment in	(Duration) J. yrs. mos
which employed or (employer)	Contributory Bukey Af : fell over an
10 NAME OF FATHER Wilkerson	(Signed) Susses (Address) Section (M. 1
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causa, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother China Chipley  13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
(State or country) Marylous	of death yrs mos ds. State yrs mos o
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
(Address) Tells Come	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 14th 193/ F. Ehrold Flering Registra,	20 UNDERTAKER ADDRESS Desiles
If more blanks are needed, addross State Registr	ar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Nervant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return 'Laborer," "Forman," "Manager." 'Deal-(a) Foreman, (b) Automobile factory. The in teria Civil engineer. Stationary fireman, etc. Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm leborer, Laborer-Coal mine, etc. yrs). without more precise specification as For persons who have no occupation Locomotive engineer, But in many (6) Grocery, Wom-

Fratement of Cause of Death—Name, first, the DIS-KASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal maningitis"); Diphilaria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); obar pneumonia, Bronchopneumonia ("Pneumonia,")

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as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., approved by Committee on Nomenclature of the carbolic acid-probably smaide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. (secondary or intercurrent) Chronic interstitial nephrifis, use of "Tumor" for malignant ncoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train American Medical Association.) (Recommendations on statement of cause of .... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsious, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; Chronic Carcinoma, etc. The contributory affection valvular heart Always qualify all Sarcoma,, need not be Measles disease; etc., of

If, this pertificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the cartificate in permanently filed.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruant, Cook, ployed us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation But in many

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	822
county Caroline	Registration Dist. No. 6H
Village or City Lederals Purg	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME DANATOSE IN Broad	1001 20
(a) Residence: No. 2's derals bruga Und	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 193 (Year)
58. If married, widowed, or divorced HUSBAND of Subau & Bradley.	22. 2/1 HEREBY CERTIFY, That I attended decoased from 193/ to May 16 193
6. DATE OF BIRTH (month, day, end year) Dec. 22" 1858	I last saw h malive on may 16/ 19 3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Al-A-m.
72 H 2H 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Returned Jarren.	Cerebral Hammorriage
9. Industry or business in which work was done, as SILK MILL,	/ 3/20/
SAW MILL, BANK, etc	7 /9
	Other Contributory Causes of importance:
(State or country)	arthu seellesses
# 13. NAME Severs W. Bradley	1/343
13. NAME Severa W. Bradley	Name of operation Date of
(State of Country)	What test confirmed diagnosis? DEMA Was there en au'opsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT UNS Suban E. Bradley	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Rederals Durg wod,  18. BURIAL, CBEMATION, OR REMOVAL 1	Manner of injury
Place Sederals Pring Md. Date May. 18", 1931	Nature of injury
19. UNDERTAKER GALLE COLLA & Soul	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 18", 1931 Aria autoria. Registrat.	(Signed) Selfell D. D. (Address) Flance Lling mg
If more blanks are needed, andress State Registrar	2477 N. Charles Street Relaimore Paguarham 71 S. Ma.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
•				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP.	ACE F	OR I	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	-------	------	---------	------------	----	-----------

Preston

Preston. Md.

Preston, Md.

Jusephine Johns

Place Preston Date May 29, 19 37

Charles Chase

Maryland

16. BIRTHPLACE (city or town) .....

(State er country)

18. BURIAL, CREMATION, OR REMOVAL

20. FILED MAY 29 49 31

17. INFORMANT

(Address)

19. UNDERTAKER

(Address)

M

If so, specify \_\_\_

Where did injury occur?\_\_\_\_

Date of onset

Accident, suicide, or homicide?

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of injury\_\_\_\_\_

Manner of injury

24. Was disease or injury in any way retated to occupation of deceased?

(Specify city or town, county and State)

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

In stating the industry or business, avoid the use of such general terms as "store," "factory," "nill," etc. State out the particular kind of work done and return that, as spinner, weaver, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, methe particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

should be called a salesman and not a clerk, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement

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Gallstones Gallstones	8261,1 yoM	Other contributory causes of importance:	I year
Cerebral hemorrhage	2861,8 ysu L	Perdonuis	obs shup c
Chronic interstitial nephritis	1261	Kun over by street car	obo youn I
Arteriosclerosis	9161	Attack of epilepsy	obn goom I
The principal cause of death and related causes of importance were as follows:	teano to etsd	The principal cause of death and related cause of importance were as follows:	Date of onset
Example I		REAU II oldmexI	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH 1 County Caroline	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Redgely. (No. 2FULL NAME Settrude Level	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME is steed of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final B SSINGLE.  MARRIED LUGG.  WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH MAY 5-14 , 192/ (Month) (Day) (Year)
6 DATE OF BIRTH  Opin 14, 1	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  7 AGE    If LESS than   day hrs.   ds.   or min.?	
(a) Trade, profession or Souscuerk  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory (Duration) yrs. mos. di  (Signed) M. D.
OF FATHER (State or country)  When the state of the state	*State the Disesse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Vydile Buhalo:  13 BIRTHPLACE OF MOTHER (State or Country)  Md	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)  At place of death yrs ds. State yrs do Where was disease contracted, if not at place of death?
(Informant) Cure Best of MY KNOWLEDGE  (Address) Nulls bro 2nd	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Books his Wid. Finder 15 1931
Filed 2 1973 1 Savus Registrar  M more bianks are needed, address State Registra	20 UN DERTAKER Raymord B. Rawleys Leems brog. r, 16 W./Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Whooping American Medical Association.) Recommendations on statement of cause of death (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	1 <sub>nt a</sub>	CE OF DEATH		UDt.	STATE OF	MARYLAND
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	County	Carolin		(210) m		15/
	20	can I			Registration	Dist. No.
	Village or	City / Veul	accino.		St.: Ward	(If death occurred in
ate		5/	v. 70	P	0.0	a hospital or institu- tion, give its NAME in- stead of street and
ific	2	FULL NAME //	elean The	was Xfo	elding	number.)
cert	PERS	SONAL AND STATIST	TICAL PARTICULARS	MEDIC	CAL CERTIFICATE	OF DEATH
of	3 SEX	4 COLOR OR RAC	S SINGLE, Ringle	16 DATE OF DEATH		
CK	ne	w	WIDOWED, OR DIVORCED		May	272, 19831
ba			(Write the word)	17 A I HEREBY	Y CERTIFY, That I at	(Year)
on	6 DATE OF	BIRTH .	-	_1111	1981. to M	27 103/
8		dep	L. 10, 188	that I last saw h	alive on m	4 27 1031
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od	9 BIRTHPL			Contributor	ulomobile l	accedul
Ë	(State o	or country)	Sand	1	Dy Ron)	yrsds.
ery	10 NAM		11.00	(Signed) Mulle	on Ofeac	rl M.D.
> 9		HPLACE	Hacking	1728 195	(Address)	ulan
Z	OF F	ATHER 7	0 0			or, in deaths from njury and (2) whether
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AT	12.	OTHER SAT	Mison			itals, Institutions, Trans-
SUF	13 BIRT	THPLACE		At place	esidents)	
SC		OTHER ate or country)	re land	of deathyrsr	mosds. Sta	ateyrsnosde.
of C		OVE IS TRUE TO THE BES	ST OF MY KNOWLEDGE	Where was disease con if not at place of dea		***************************************
nt	(1)	~	47.01	Former or		
ne	(Inform	nant) ME	Jacoury	19 PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
iter	(A	Address)	Vileun book	of Tale.	1 600	carre 80,0 81
ste	THE STREET, SALES	= - 0 0		20 HNDERTAKER	Cultur	ADDRESS

If more banks are needed, address State Registrar, 16 W. Saratoga St. Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken en at home, who are engaged in the laborer worked on may form part of the second statement. Never return 'Laborer,'""Foreman," "Manager." "Peal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a (a) Foreman, Physician, Compositor, Architect, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. yrs). without more precise specification as For persons who have no occupation (b) Automobile factory. The mitteria If the occupation has been changed Locomolive engineer, But in many duties of the (b) Grocery; Wom-Day

Statement of Cause of Death—Name, first, the DIS-FASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid Pneumonia") 1 obar pneumonia, Bronchopneumonia ("Pneumonia,")

> causing "(Exhaustion," "Heart ranur," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, as fracture of skull, and consequences (e.g., \*\*pre\*, as fracture of skull, and consequences (e.g., \*\*pre\*, \*\*) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anacmia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasus); inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death letunus) may be stated under the head of "contributory. accident; Revolver wound of head-homicide; Poisoned by Examples: A coidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as (secondary or intercurrent) Whooping .... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 da.; Bronchopneumonia (secondary), interstitial nephritis, cough; Chronic Carcinoma, etc. The contributory affection valvular heart disease; Sarcoma,, need not be Measles; etc., of

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

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THE THE PRINCE IN THE TOTAL OF THE COND	N. E. Every item of information should be carefully supplied. ACE should be stated EXACTL. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classificated statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH	05675 STATE OF MARYLAND		
County Caroline	P3-3 CERTIFICATE OF DEATH Registration Dist. No. 63		
Village or City Near Preston (No	St.: Ward)  St.: Ward)  a hospital or institution, give its NAME instead of a street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Single White (Write the word)	, 192		
June 22nds, 1913  (Month) (Day) (Year)	// // // // // // // // // // // //		
7 AGE   If LESS th I day h	an and that death occurred on the date stated above, at 2:15 m. The CAUSE OF DEATH * was as follows:		
OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Min Sepondary		
Maryland  10 NAME OF FATHER C. J. Johannsen  11 Birthplace OF FATHER (State or country) Germany	(Signed) (Address) June M. D.  *State the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether		
12 MAIDEN NAME OF MOTHER Heleh Hohn	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)		
13 BIRTHPLACE OF MOTHER (State or Country) Germany	At place of deathyrsmosds. In the Stateyrsmosds.  Where was disease contracted,		
(Informant) C. J. Johannsen	if not at place of death?  Former or usual residence		
(Address) Preston, Maryland	Linchester May 26, 1931		
Filed May 2 6 199 ( Library Lift Registrar Registrar	20 UNDERTAKER ADDRESS Preston, Md. rar, 16 W. Saratoga St., Baito.; Requesting V. S. No. 1.		

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-Foreman, or At Home, and ehildren, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-6 Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on stated unless important. Example: Measles (disease inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, carbalic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, as fracture of skull, and eonscquences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainean be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; for malignant neoplasms); Measles; Chronic etc. valvular heart Nomenclature of the The contributory not be

answered in detail, it will prevent further correspondence. All the permanently fied. TI this certificate is looked over thoroughly and all questions

If more brenke are needed, address Stata Registrar, 16 W. Saratoga St., Beito., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-tion, give ite NAME in-

stend of street and

DATE OF BURIAL

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respec Statement of Cause of Death-Name, first, the DIS-Lobar pneumonia, Bronchopneumonia ("Pneumonia,

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yered in detail, it will prevent further correspondence. All the

Mapproved by Committee on American Medical Association.) (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles;

V. S. No. 1

PLACE OF DEATH	05677 STATE OF MARYLAND
County Caroline	CERTIFICATE OF DEATH
0045.0 0 :00	Registration Dist. No.
Village or City Smillwille (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in a street and
2 FULL NAME David of mitchel	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word)	16 DATE OF DEATH May 4 , 1931 (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTYFY, That I attended the deceased from
Dec 29, 1862	192) to flower 192)
(Month) (Day) (Year)	that I last saw h/ M nlive on
I day hrs.	and that death occurred on the date stated above, at
68 yrs. 4 mos. 57 de. or min.?	Ten Suot Willing
(a) Trade, profession or James particular kind of work	off Cust entiess
particular kind of work (b) General nature of industry	gry Heart (suited)
business, or establishment in which employed or (employer)	Duration Ctyrs mos ds.
9 BIRTHPLACE	Contributory
(State or country) Del awarl	(Duration)
10 NAME OF Samuel Mitchell	(Signed) WE fernin M.D.
OF FATHER  (State or country)	Violent Causes, stare (1) Means of Intry and (2) Whether
of MOTHER Deselve tryoutions	18 LENGTH OF PASIDENCE (For Harmaly Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country).	At place of deathyrsmosds. In the Stateyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) le Re Milahell	Former or usual residence
Year al 1 a was but	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Attaward Colored	Allowing Clm May 6, 1931
15 Filed May 5 1981 Prany Registral	C. W. adams & Bro
If more banks ar needed, address tate Kegistra	r, 18 W. Saratgas St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Househald, etc. If the occupation has been changed work, or At Home, and ehildren, not gainfully em-ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health-Statement of Oceupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on Grocery;

Strtement of Cause of Death—Name, first, the DISLEALS CAUSEING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

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as fracture of skull, and eonsequences (e. g., sopsis, «American Medical Association.) telanus) may be stated under the head of "eontributory." approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inamition," "Heart failure," "Inamorrhage, "Inamition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol If this certificate is looked over thoroughly and all qu stions (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from ehildbirth or miscarriage as "" "Weakness," etc., when a definite disease Example: Measles (disease "," "Coma," "Convulsions,

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH 4 Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stend of etreet and Ward) number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED back CR DIVORCED (Month) may (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) and that death occured on the date stated above, at ... 7 AGE IIf LESS than I day hra The CAUSE OF DEATH \* was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory I 9 BIRTHPLACE Secondary (State or country) (Duration) 0 10 NAME OF FATHER LO L. (Address) 11 BIRTHPLACE CAUSE OF FATHER \*Etate the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME œ IN LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER d state ients or Recent Residents) 18 BIRTHPLACE At place In the OF MOTHER State ... .... yrs.....mos... S should ment of O Where was disease contracted, if not at place of death? OF MY KNOWLEDGE 14 THE ABOVE IS TR usual residence. Every it CIANS 19 PLACE OF BURIAL OR REMOVA DATE OF BURIAL (Address) ADDRESS 20 UNDERTAKER If more blanks are needed, addrose State Registrar, 16 W Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile feetory. The material tired 6 yrs). state occupation at beginning cfillness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples : (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will he sufficient, c.g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Physician, household only (not paid Louseheepers who receive a report For many occupations a single word or term on specifically the occupations of Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer, persons en-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospikal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia";

> as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory" "PUERPERAL septicacmia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perdonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage by Committee on cough; Chronic Carcinoma, Sarcoma,, etc., of etc. The contributory valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

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	N. BEvery item of information should be carefully supplied. ACE should be stated EXACILY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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	-Every item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.	
	CIAN State	
1	m	

	PLACE OF DEATH	05679 STATE OF MARYLAND
	County Caroling	CERTIFICATE OF DEATH
	100	Registration Dist. No. 4/
Vil	2FULL NAME Engley A, Stanford	St.: Ward)  St.: Ward)  a hospital or institution, give its NAME instead of etreet and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single	16 DATE OF DEATH May (oth, 1981
-	DATE OF BIRTH  Jan. 23 , 1 911  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from April 5, 1929 to May 6, 1931, that I last saw here alive an May 6, 1931,
7 /	AGE   If LESS than   1 day hrs.   20 yrs. 3 mos. 13 ds.   or min.?	and that death occurred on the data stated above, at
P	b) General nature of industry susiness, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Maryland	(/ (Duration) yrs, mos. ds.
	10 NAME OF REVIOLDS Stanford	(Signed) has to House ler M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER Tidia Brown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of death
14	(Informant) Lidea Slawford	Former or usual residence
	(Informant) Leeurs bero md	Near Denton, Md, May, 10, 151, 19
15	Filed aff 0 1023 for the file Registrar	20 UNDERTAKER awlings Selus brog
	If we be an model added the Register	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (ne state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, should be used only when needed. As examples: (a) sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-," etc., For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death approved by Committee on tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely. causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is a permanently filed.